Envoy Medical Systems, LP **PH: (512) 836-9040**
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Notice of Independent Review Decision

DATE OF REVIEW: 8/17/12

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Facet Injection RT Cervical C4-5, C5-6, C6-7; CPT: 99199; Outpatient

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Physician Board Certified in **Pain Management and Anesthesiology**

DESCRIPTION OF THE REVIEW OUTCOME THAT CLEARLY STATES WHETHER OR NOT MEDICAL NECESSITY EXISTS FOR EACH OF THE HEALTH CARE SERVICES IN DISPUTE.

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	**(Agree)**	**X**
Overturned	(Disagree)	
Partially Overturned	(Agree in part/Disagree in part)	

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Adverse Determination Letters, Corvel Corp. 6/14/12, 5/31/12
Peer Reviews, 6/12/12, 5/30/12
Clinic & Progress Notes, Dr, 7/03/13 - 1/12/12
Chart Notes, Radiology/Labs, PT Daily Notes, PT Eval/Discharge, History/Physical, Work Status, MRI, OP Notes Pictures: Dr. 12/12/11 – 7/18/11
Diagnostic Reports, 6/24/11
Nerve Conduction Studies & Electromyography, Dr., 10/03/11
ODG

PATIENT CLINICAL HISTORY SUMMARY
Patient sustained a work-related injury in xx/xxxx. It was a whiplash type injury after which he complained of pain in the left neck, shoulder and arm. Cervical MRI was reported to show a C5-6 herniation, left greater than right. Physical therapy was completed. Transforaminal epidural steroid injections were performed on 12/ 07/11 and 1/23/12. The office notes are repetitive and confusing. During the 7/03/12 office visit, it was noted that the pain is alleviated by looking up and by keeping his head straight. It was further reported there was intermittent numbness in the left arm aggravated by turning the head to the left and down. On physical exam there is pain in the left neck with flexion and pain in the left, greater than right low neck, with extension. Extension rotation to the left creates left low cervical pain; to the right creates right low cervical pain. There is tenderness on the right over the upper cervical vertebra and tenderness on the left in the middle and cervical region. There's repeated requests for a lumbar discogram which I assume is a typographical error and a cervical discogram is intended at C4-5, C5-6 and C6-7. This has been appealed and denied by a previous review. There has been a request

for a right C7-T1 facet joint injection, and a note stating that this procedure was denied. This request is for a right cervical C4-5, C5-6 and C6-7 facet injection.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION

I agree with the decision to deny the procedure. Rationale: This individual's pain is predominantly on the left side and there are equivocal findings to suggest that the left cervical facets are pain generators. There is a component of radicular pain, but there may be facet median pain, as well. The pain is worse on the left so it is not reasonable to request a facet injection on the right side. ODG are not met since the patient's complaints, physical findings and recommendations are not accordant.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS X

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE DESCRIPTION)